ADDRAWER

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 02, 2002 8:00 A.M.
Secretary of State

DOCUMENT #P99000052242

1. Entity Name

JM Convenience Corporation

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2001-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3939 US Hwy 301 N	c/o Ed Lowenwarter & Co. LLP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33619 Country: USA	Zip Country

4. FEI Number: 58- 2480446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Blumberg Excelsior Corporate Services

Street Address (P.O. Box Number is Not Acceptable): 4435 Old Winter Garden Road

City: Orlando FL Zip Code: 32802

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE

(Signature required for printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See current fee below) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Pres	Owner	TITLE	700004788657--01
NAME	Joseph Martarella	NAME	-01/22/02--01077--008
STREET ADDRESS	321 Doane Avenue	STREET ADDRESS	****908.75 ****908.75
CITY-ST-ZIP	Staten Island, NY 10312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Martarella 12/28/2001 718 278 3715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #